Strong Families/Safe Children
Interim Evaluation Report

Completed September 2000

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SOURCE OF FEDERAL FUNDS

"Strong Families/Safe Children" (SF/SC) is Michigan's implementation of the Federal "Family Preservation and Family Support Services" program (Public Law 103-66). The program was amended to the Social Security Act as a new subpart, Title IV-B, subpart 2, and ratified as part of the Omnibus Budget Reconciliation Act (OBRA) in 1993. Under Title IV-B, subpart 2, the funds allocated to Michigan were $35 million over five years (Fiscal Years 1994 - 1998).[1]

MICHIGAN'S VISION FOR "STRONG FAMILIES/SAFE CHILDREN"

The vision is to develop and enhance family preservation and family support services to help make service delivery more responsive to children and families. Effective implementation of SF/SC funds will help:
- Keep children safe
- Support, preserve and strengthen families
- Promote permanency for children
- Prevent the unnecessary separation of families [when appropriate]
- Foster protection of all family members
- Build on the resources and strengths of families
- Provide a continuum of services that are family-focused, flexible, easily accessible, and respectful of cultural and community characteristics

SF/SC OVERALL IMPACT

SF/SC remains a major catalyst in Michigan for collaborative child and family services planning and delivery. Local collaborative groups report SF/SC as continuing to have great benefit within communities. Many new services were created and existing programs or services were enhanced or expanded with SF/SC funds. The availability of funds positively impacted the planning process and service delivery systems. The SF/SC dollars, coupled with other initiatives and funding sources, have positively impacted outcomes for children and families by helping communities focus on strong partnerships among agencies, the value of family support services, and the importance of using data to assess results. As required by federal program guidelines, the state committed to a set of minimum core program outcomes tracked quarterly. Additionally, the state committed to annually tracking progress on locally determined service outcomes as identified in the plans of the county-based collaboratives.

Impact on Planning
- Community members report success in including families as partners and organizing other major stakeholders to plan, implement, and evaluate service delivery for children and families.
- The SF/SC collaborative planning process is perceived as effective in soliciting diverse opinions, communicating the interests and views of all, and having these interests and views heard.
- SF/SC local Family Coordinating Council (FCC) members report that organizations are working together more effectively using new and improved networks and relationships.
- SF/SC collaborative groups have been successful leveraging additional resources and integrating available funds.

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[1] *Federal funds for SF/SC were reauthorized under the "Adoption & Safe Families Act of 1997" through FY 2001. Federal Title IV-B, subpart 2 was renamed "Promoting Safe & Stable Families" (previously "Family Preservation and Family Support Services").*

Impact on Services

- SF/SC funds support a wide range of services for children and families.
- A majority of the county-based collaboratives spent over half of their Fiscal Years 1995-1998 SF/SC funds on creating, expanding, or enhancing family support services, which they report as a great local need.
- The number of children and families participating in SF/SC funded services increased each year for the period Fiscal Years 1995 – 1998, from approximately 3,816 served in 1995 to 193,832 served in 1998. (Numbers served may be a duplicated count, i.e., some families received assistance from more than one service component.)
- FCC members report that service duplication has decreased, services are improved, and new services have been created.
- FCC members report services are more accessible, flexible, and "family friendly," with under-served groups receiving more services.

Impact on Minimum Core Outcomes[2]

Reduction in Out-of-Home Placements, Repeat Placements, and Length of Stay in Placement
- Out-of home placements across the state are stable.
- Thirty counties maintained a *Below Midpoint* rate of out-of-home placements.
- Three counties had a decreasing trend in out-of-home placements.
- Three counties retained an *Above Midpoint* rate of placements.
- Six counties had an increasing trend for out-of-home placements.
- Repeat placements covering five quarters of available data appear to be decreasing for the state.
- The percentages of children in placement for less than 12 months, 12-24 months and longer than 24 months appear to be stable over the five quarters of available data.

Increase in Immunizations for Children 19-35 Months of Age
- The percentage of children aged 19-35 months who are fully immunized has increased each year for the reporting period from Fiscal Years 1995 – 1998.

Increase in Adoption Placements
- Adoption rates have increased statewide each year for the reporting period Fiscal Years
- 1995 – 1998.

Increase in Services for Relatives Caring for Minor Children
- The total number of kinship caregivers participating in SF/SC services has continued to increase over time.
- The majority of kinship caregivers participating in SF/SC services are less than 60 years of age.

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[2] *It is acknowledged that variables outside the control of this initiative can and do impact the minimum core outcomes.*

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[3] Appendices may be obtained for cost of printing and mailing from MPHI, Systems Reform Division.

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MICHIGAN'S "STRONG FAMILIES/SAFE CHILDREN" INITIATIVE HISTORICAL OVERVIEW

"Strong Families/Safe Children" (SF/SC) is Michigan's implementation of the federal "Family Preservation and Family Support Services" program (Public Law 103-66). The program was amended to the Social Security Act as a new subpart, Title IV-B, subpart 2, and ratified as part of the Omnibus Budget Reconciliation Act (OBRA) in 1993.

The Family Independence Agency (FIA) is the designated state agency to act as fiduciary for these federal funds. FIA's "Strong Families/Safe Children" Program Office, Community Supportive Services Division, Child and Family Services Administration provides SF/SC program administration and support.

The "Family Preservation and Support Services" Act provided Michigan with $35 million in new funds over five years (Fiscal Years 1994 through 1998). The legislation and associated resources were aimed to promote family strength and stability, enhance parental functioning, and protect children through the development and expansion of family preservation and community-based family support services. The legislation also provided a new opportunity for states and eligible Indian tribes "to review current strategies for meeting the service needs of children and their families, identify service gaps and barriers… and develop and carry out a comprehensive five-year plan for providing a continuum of services to families and their children."[4]

In 1994, the Department of Health and Human Services (HHS) Administration for Children and Families issued federal program guidelines and the state of Michigan planned how best to use the new funds. The Director of the Family Independence Agency (FIA), working with the directors of the Department of Community Health (DCH), the Office of Services to the Aging (OSA), and the Department of Education (DOE), initiated the statewide, collaborative program named "Strong Families/Safe Children." As required by HHS, a broad based, inclusive State Advisory Group (Appendix A) was convened. Using information from public hearings and focus groups, the State Advisory Group set the vision and structure for "Strong Families/Safe Children." Michigan's Governor Engler and the Family Independence Agency Director allocated approximately $16 million additional funds to the five-year, $35 million federal allocation to enable all 83 Michigan counties to participate in the SF/SC initiative. Of the total funds allocated, the majority of funds (at least eighty percent) were to be spent on direct services for children and families. SF/SC allowed a percentage of total allocations to be used for local planning and program administration.

Michigan's vision for "Strong Families/Safe Children" was to develop and enhance family preservation and family support services to help make service delivery more responsive to meeting the needs of children and families. Michigan committed to a set of minimum core program outcomes to measure positive results for children and families. These outcomes were to be measured quarterly across communities for the statewide initiative evaluation. The required state outcomes were to:
- Reduce out-of-home placements, repeat placements, and length of stay in placements
- Increase adoption placements
- Increase child immunizations
- Increase services to relatives caring for minor children.
Additionally, the state committed to annually tracking progress on locally determined service outcomes as identified in the plans of the county-based collaboratives*.*

Implementation of the SF/SC program required that each county establish a Family Coordinating Council (FCC). The FCC was then required to use a broad-based, inclusive, community planning process to develop a coordinated family preservation and family support services plan. The composition of the FCCs and the SF/SC

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[4] Federal Register, October 4, 1994, p. 50647.

planning process included an important element – the inclusion of parents and consumers, or "families as partners," in planning. Each FCC's plan was to address locally identified service needs after assessment of local resources and gaps in services. All plans had to be submitted and approved by the state fiduciary agency (FIA) prior to counties accessing SF/SC service funds.

Preceding the SF/SC initiative, collaborative human service groups did exist, however, they did not exist statewide and did not exist to the inclusive degree required by the "Family Preservation and Family Support Services" program. Under SF/SC, counties built on the foundation of existing collaborative groups such as the Human Services Coordinating Bodies (promoted by the Department of Community Health) or established a collaborative group for the very first time. For many counties, SF/SC was the first opportunity to engage in collaborative activity due to the planning and administrative funds tied to the initiative. SF/SC helped to "institutionalize" collaborative planning for service delivery by establishing 79 county based collaborative groups across Michigan.

Michigan initiated its 83 counties into the SF/SC initiative over a three-year period. Twenty-eight (28) counties with the greatest need[5] or with existing creative, cross cutting service delivery systems were included in Phase I. Phase I initiated planning and service delivery in Fiscal Year 1995. The rest of the counties were started in order of need. Sixteen (16) counties that comprised Phase II began in Fiscal Year 1996. The thirty-nine (39) remaining counties started in Fiscal Year 1997 as Phase III. A minimum of $100,000 annually was allocated for all counties. Factors such as poverty rate and severely distressed census tracts helped determine the amount of annual allocations.

The "start-up" years for SF/SC planning and implementation of new and enhanced family preservation and family support services were Fiscal Years 1995 – 1998. Fiscal Year 1998 was the first year SF/SC services were implemented statewide.

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[5] Need was defined as high rates of poverty, ADC population, and food stamp population. High need was also designated if a county had a severely distressed area(s).

"STRONG FAMILIES/SAFE CHILDREN" EVALUATION DESIGN

The Fiscal Years 1995 - 1998 were also the "start-up" years for the tracking and reporting of required evaluation data for the initiative. The SF/SC state evaluation was designed to be an examination of both process and outcome data. Several data collection methods were used including interviews, mailed surveys, quarterly minimum core outcome data reports, and annual reports (Table 1). All FCCs were required to report minimum core outcome evaluation data by September 1996. Examples of the forms used to report data for the minimum core program outcomes are in Appendix D.

Table 1. Summary of the "Strong Families/Safe Children" Evaluation Design

Process Outcomes	**Data Collection Method**	**Data Collection Schedule**
Expenditures, services provided, numbers served, service components, local service outcomes	Annual Report completed by FCC staff & service providers	Annually
Perceptions of strengths/barriers	"Mid Year Review" with FCC representatives of each Phase I & Phase II counties	Phase I: Feb. – Mar. 1996 Phase II: Aug. – Sept. 1996
Perceptions of effectiveness	"SF/SC Survey" completed by FCC members and staff	December 1998
State Minimum Core Outcomes	**Data Collection Method**	**Data Collection Schedule**
Number of out-of-home placements Number of repeat placements Length of stay in placement Number of adoptions Percentage of children fully immunized Number of kinship caregivers participating in SF/SC services	Minimum Core Outcome Data Reports completed by FCC's	Quarterly Phase I: began Sept 1995 Phase II: began June 1996 Phase III: began Sept 1996

SF/SC formed an evaluation workgroup that uses a "participatory evaluation" methodology. (See text box.) Evaluators from the Michigan Public Health Institute (MPHI), the agency contracted to conduct the evaluation, facilitate the workgroup meetings. The workgroup includes local and state level stakeholders (Appendix B). The SF/SC evaluation workgroup defined and developed the methods used to collect the required state program outcome data. Additionally, the SF/SC evaluation workgroup developed the methods used to collect process data.

Collecting Process Data

The "Strong Families/Safe Children" evaluation workgroup chose the "Community Self-Evaluation Workbook"[6] as the tool to track and collect process evaluation data. The Workbook was modified to meet SF/SC program needs.

Questions selected from the Workbook, "Process Reflections," were used to review planning and implementation progress with Phase I and Phase II counties (Appendix C). These "Mid-Year" Reviews took place in February, March of 1996 for Phase I counties, and August, September of 1996 for Phase II counties. The county visits consisted of an open discussion among state and local SF/SC representatives to determine the strengths and barriers of the initiative up to that point in time. The local Family Coordinating Councils also provided written responses (in addition to the verbal discussions) to the progress questions.

Beginning in 1998, other selected Workbook forms were modified for an SF/SC end of year "Annual Report." The first "Annual Report" requested the county-based collaboratives to report SF/SC activity for the first three years of the program (FY 1995, 1996, 1997, and first quarter of FY 1998). "Annual Reports" were completed by service providers and FCC staff and provided information on actual vs. planned expenditures, service implementation, service components, numbers served, and progress on local service outcomes. Since the end of FY 1998, "Annual Reports" have been required after the end of each Fiscal Year.

Principles of Participatory Evaluation ("Utilization Focused Evaluation," Michael Quinn Patton, 1996)
• Participants learn evaluation logic and skills.
• Participants "own" the process, i.e., make the major focus and design decisions, draw and apply conclusions.
• Participants focus the evaluation on processes and outcomes they consider important.
• Participants work together as a group and the evaluation facilitator supports. group cohesion and collective inquiry
• All aspects of the evaluation are understandable and meaningful to participants.
• Internal self-accountability is highly valued.
• The evaluator is a facilitator, collaborator, and learning resource; participants are decision-makers and evaluators.
• The evaluation facilitator helps the group to recognize and value differing perspectives and expertise.
• Status differences between evaluator and participants are minimized.

A survey of those involved with SF/SC at the community level was conducted in December 1998, to determine local perceptions of the effectiveness of SF/SC (Appendix E).[7] The survey was distributed to local FIA directors, FCC chairpersons, FCC staff persons, and other FCC members to complete.

Collecting Required State Outcomes

As required by HHS, the directors of the collaborating state departments identified SF/SC outcomes during the state's planning process. In February 1995, state SF/SC interagency partners met with staff from the various evaluation divisions and discussed steps for defining and collecting the required outcome data. Definitions for outcomes were agreed upon across departments, existing data sources were identified, and initial instructions for data tracking and reporting were issued. The SF/SC state evaluation reporting requirements evolved shortly thereafter through the continuing efforts of the SF/SC evaluation workgroup, resulting in the tracking and collection of required program outcome data by means of the SF/SC quarterly report forms (Appendix D).

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[6] Title V Delinquency Prevention Program Community Self-Evaluation Workbook, Office of Juvenile Justice and Delinquency Prevention, 1995

[7] The survey was based on one developed by the University of Wisconsin Cooperative Extension, 1997 and was modified for SF/SC using input from Local Office FIA directors, FIA Central Office staff, and SF/SC Evaluation Workgroup members.

PROCESS EVALUATION FINDINGS

Process evaluation focuses on examining whether a project is being implemented as planned. SF/SC process evaluation data has been collected through "Annual Reports," "Mid-Year" Reviews, and the SF/SC Survey.

SF/SC "Annual Reports"
The "Annual Reports" data included in this evaluation report are from Fiscal Years 1995 - 1998. The annual reports help to answer the following questions:
- What types of services have been supported by SF/SC funds
- How many children and families have participated in SF/SC funded services
- Did sites integrate SF/SC funds with funds from other sources
- What percentage of funds was expended for family support services, family preservation-placement prevention services, and family preservation-reunification services

Types of Services Purchased
Figure 1 summarizes the types of services purchased by SF/SC funds in Fiscal Year 1998 and the percentage of funds expended per type of service. The highest expenditures were for Community/School Based Services (19%), Service Coordination/Administration (includes local planning and program administration costs) (16%), Wraparound services (15%), and Family/Home Based Services (14%).

Each type of service represents a variety of specific service programs designed to meet child and family needs as identified in approved SF/SC service plans. Table 2 provides examples.
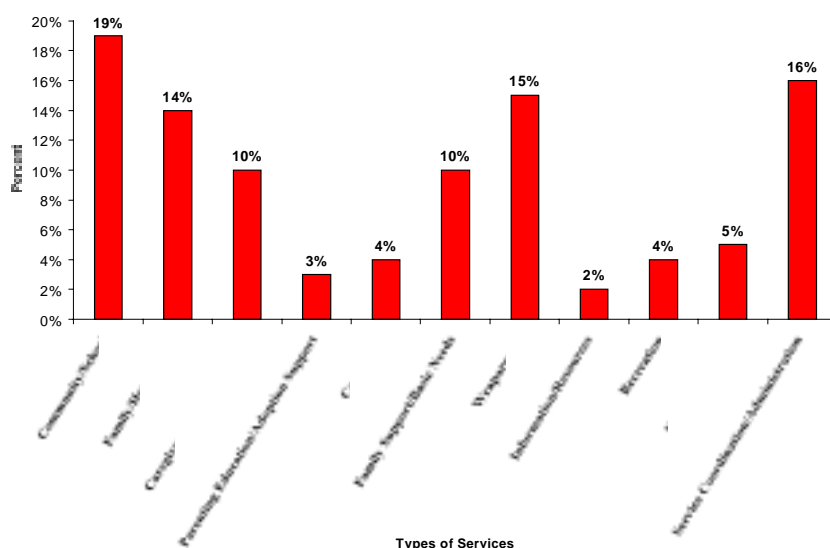
Figure 1. Percentage of funds spent by type of service

Table 2. Examples of the Types of Services Provided by SF/SC County-Based Collaboratives

Local Service Categories	Types of Services
Community/School Based Services	Absenteeism prevention, before and after school educational enrichment, social skills training, drop out prevention, violence prevention
Family/Home Based Services	Mentoring, home visiting, youth empowerment, family group decision making, services for children at risk due to parent incarceration, children's support/advocate
Caregiver Respite/Education	Child care education and outreach, respite, grandparent or kinship caregiver support groups, latchkey services
Parenting Education/Adoption Support	Adoptive/foster family education, adoption mentor, pre- and post-adoption services
Counseling	Support groups, psycho-educational groups, day treatment, infant mental health, crisis services, substance abuse counseling, non-crisis counseling
Family Support/Basic Needs	Consumer reimbursement, parent warm line, family resource centers, concrete goods
Wraparound	Intensive, family driven, individualized process (funded in 32 sites)
Information/Resources	Information and referral services, service directories
Recreation	Youth and family social activities, teen center, adventure school, scouting
Health Promotion	Assessment, outreach, head lice education and treatment, health education, immunizations
Services Coordination/Administration	Services coordination, evaluation, planning, local program administration

The flexibility of the SF/SC funding allowed unique opportunities to expand or create services. A sample of the specific services made possible is described below.

Family Resource Centers
Family Resource Centers are embedded in the category of "Family Support/Basic Needs." These centers offer a "one-stop shopping" environment: families can get multiple needs met with visits to one location. They are designed to be customer friendly and offer activities and events in addition to human services. This approach can reduce stigma attached to receiving services and increase accessibility to services in a non-threatening manner.

Prevention/Early Intervention Services
With SF/SC funds, county-based collaboratives could invest in prevention and early intervention services aimed at children aged 0-5 and their families. Prevention and early intervention services can be found in several of the service categories. Approximately 81% of the $1.2 million SF/SC funds expended on early intervention services were used to develop or enhance two program models: the Healthy Start Program from Hawaii and Building Strong Families from Michigan State University Extension. Both are home-based

services. Healthy Start develops and implements a comprehensive, coordinated, and individualized plan with each family served to meet infant/toddler and family needs. Building Strong Families is a preschool curriculum aimed at promoting child development and parental competence. Almost $900,000 of non-SF/SC funds was integrated with SF/SC funds to support these two programs.

Services for Kinship Caregivers
Increasing the community-based services provided to seniors or other relatives acting as primary caregivers to children under the age of 18 is a SF/SC required state outcome. Forty-six county-based collaboratives developed services that are included primarily in the "Caregiver Respite/Education" service category but also cut across several other service categories. Services for kinship caregivers include support groups for caregivers, support groups for children, information on other available services, assistance in obtaining legal services, and family activities.

Services to Increase Immunizations
Increasing the rate at which children receive age appropriate immunizations is one of the required state outcomes for SF/SC. Expenditures for 33 county-based collaboratives to increase public awareness of the importance of immunizations and/or provide immunizations clinics after hours or on weekends in community settings are included in "Health Promotion."

Numbers Served
Reports from county-based collaboratives show increases in the total number of children and/or families served from 3,816 in Fiscal Year 1995 to 193,832 in Fiscal Year 1998 (Figure 2). These numbers are a duplicated count, i.e., some programs provide several different services (e.g. home visiting, support groups, parenting classes) and a family who participates in more than one service may be counted multiple times.
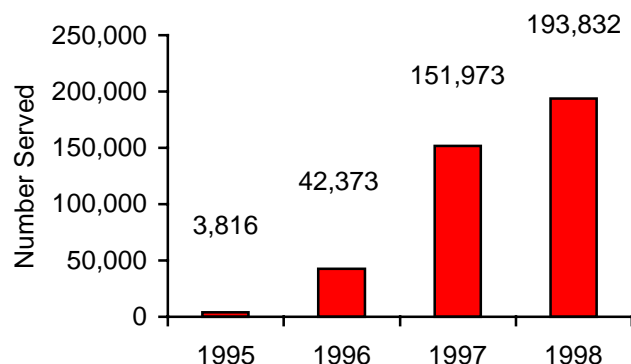
Figure 2. Number served by fiscal year

Integrating Funding Sources
SF/SC is one of many funding sources for services to children and families. Thus, the SF/SC initiative expects communities to integrate SF/SC funds with other funding sources in order to maximize service eligibility and flexibility to meet the needs of children and families. Annual Reports show that $22.4 million was expended on service delivery in Fiscal Year 1998 of which approximately 39% was from non-SF/SC funding sources. It is likely that this amount under-represents funds from other sources because all sites do not routinely track other financial and in-kind resources.

Funds Expended by Federal Service Categories
Table 3. Number of County-Based Collaboratives and Percent of Funds Expended by Federal Service Category in Fiscal Year 1998 (Two sites had insufficient data.)

Federal Service Category	Percent of Funds Expended		
	< 25 %	25 – 50 %	> 50 %
Family Support	3	26	48
Family Preservation Placement Prevention	29	39	9
Family Preservation Reunification	77	0	0

As shown in Table 3, the majority of county-based collaboratives spent over half of their SF/SC funds on creating, expanding, or enhancing family support services. Only nine spent more than 50% of funds on placement prevention and none spent more than 25% of funds on reunification services. Collaboratives have reported verbally and on evaluation forms that the large amount of funds spent on family support services is a result of having few other funding sources available to support these services, while sources to fund family preservation services are more numerous.

Mid-Year Reviews
In 1996 a team of state level stakeholders who were involved in implementing SF/SC held face-to-face Mid-Year Review meetings with representatives of each Phase I and Phase II FCC. A total of 150 community members from the 42 Phase I and Phase II FCCs participated. The number of FCC members participating in each review ranged from one to 16. They represented a diverse cross section of the community (Figure 3). The reviews consisted of open discussion among state and community representatives. Five questions from
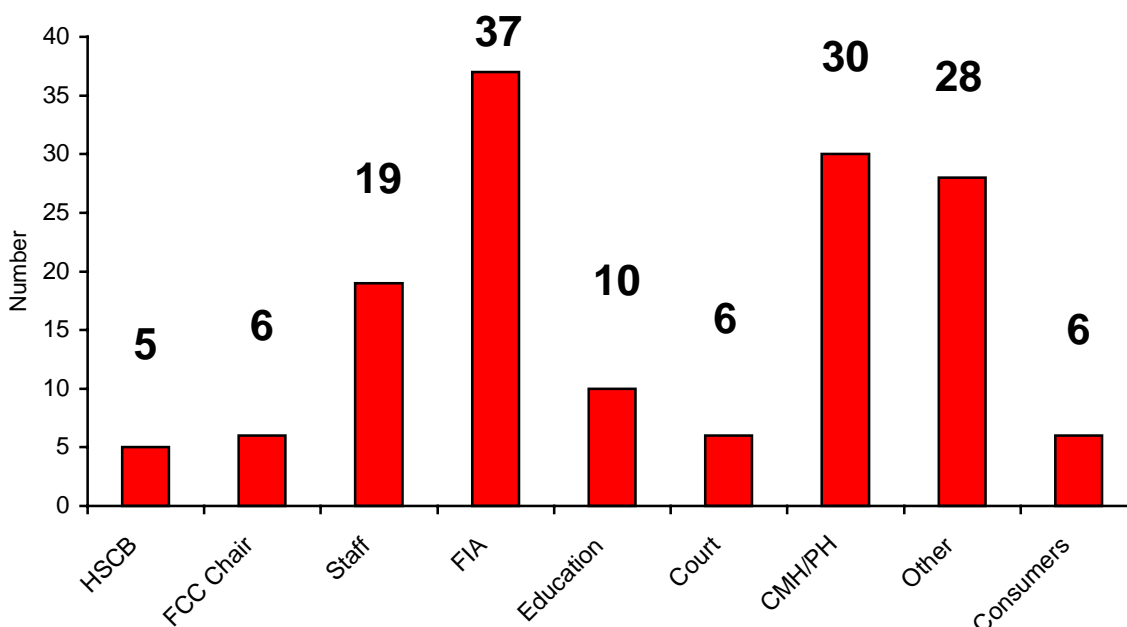
Figure 3. Number of Mid-Year Review Participants by community sector.

the Community Self-Evaluation Workbook were used to focus the discussion (Appendix C).

After completing the reviews, the state team met to talk about the major points discussed at each community meeting. Analysis of the written summary of the reviews prepared by the SF/SC Program Office yielded the following six issue categories:
- Bringing people together
- Strategic planning
- Identifying, securing and sharing resources
- Impacting services
- Achieving benefits for the community
- Effectiveness of state/local interactions

Table 4 provides sample comments from the review summary for each category listed above.

Table 4. Strengths and Barriers of SF/SC as Identified by Mid-Year Review Participants

Issues	Strengths	Barriers
Bringing people together	High degree of consumer and parent involvement.	Difficult to recruit and maintain consumers
Strategic planning	Local outcomes drove the planning process	Planning process is slow and time consuming, difficult to understand and implement evaluation
Identifying, securing & sharing resources	Able to leverage other public/private resources to support SF/SC services	More resources needed to staff the FCC, administration, or evaluation, funds not seen as stable
Impacting services	Assessment process led to better coordination, greater knowledge of existing services, and helped eliminate duplication of services	Inability to access truly flexible funds
Benefits for the community	Increase community awareness of human services need.	Need to foster more community leadership and ownership
State/local interactions	SF/SC perceived as a state and local partnership	Contracting process and competitive bid process is cumbersome, difficult to integrate multiple state collaborative initiatives

Figure 4 illustrates the number "strengths" and "barriers" in each issue category. The analysis reflects the following:

- Communities made the most comments about the strengths of SF/SC in involving stakeholders in the FCC and strategic planning activities
- Communities identified more strengths than barriers in four categories: bringing people together, strategic planning, impacting services, and benefits to the community
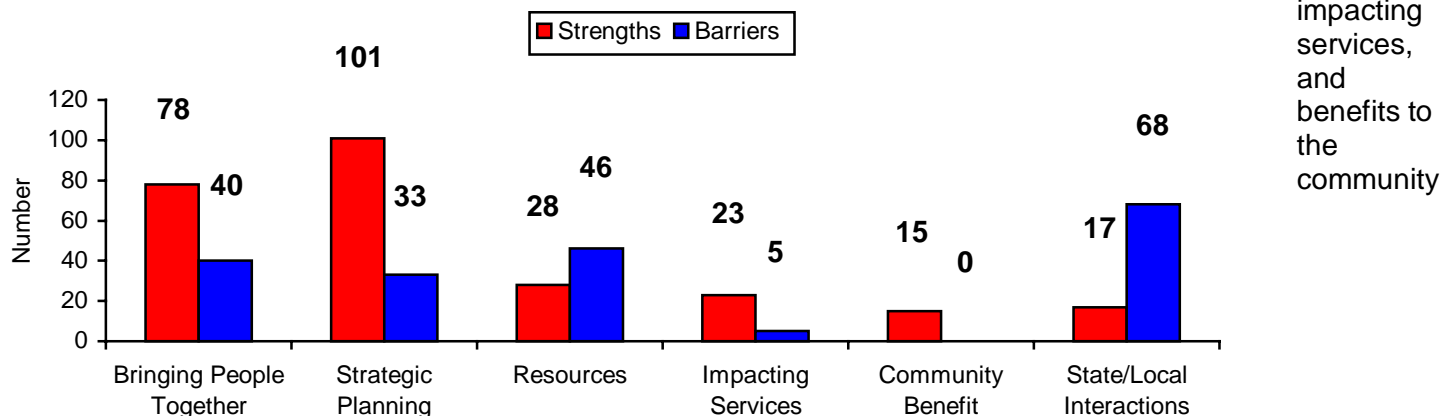
Figure 4. Number of strengths and barriers per issue.

- Communities identified more barriers than strengths in the resources and state/local interaction categories

Discussion

At the time of the Mid-Year Reviews, county-based collaboratives were most involved in recruiting, planning and beginning service implementation. Many were involving consumers in a new way and finding that challenging. The development of new processes, services, and funding structures stretched the capacity of sites. The emphasis on programming to achieve positive results for children and families provided challenges in assessing, tracking, and evaluating outcomes. These activities are reflected in the sites' comments.

SF/SC Survey

In December 1998, the SF/SC survey (Appendix E) was mailed to FIA Local Office Directors and FCC staff. They were asked to distribute the surveys to the FCC chairpersons and other FCC members. The 589 returned surveys represented all 79 local sites. Each group of stakeholders had a high response rate (Figure 5).

The SF/SC survey examined perceptions of the following:
- Effectiveness of SF/SC groups using a four point scale from "not very effective" to "very effective" (18 items)
- Impact of SF/SC on the community using a four-point scale from "not at all" to "a great deal" (28 items)
- Effectiveness of state/local interactions using a four point scale from "not very effective" to "very effective" (11 items)

The responses were summarized in the same categories used with the Mid-Year Review comments. The average percentages given are the total percentages of moderate and very effective or moderate and great impact for each item in the category. To facilitate analysis, some similar items were grouped into subcategories within some categories. The higher moderate to very effective and moderate to great impact responses were added for each item, the items in subcategories were added together, and divided by the total number of items in each subcategory to obtain an average percentage.
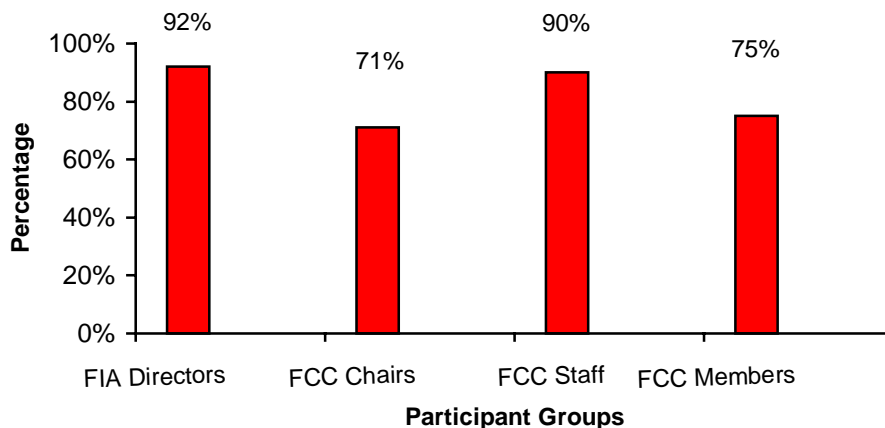
Figure 5. *Percentage of responses by SF/SC Survey participant groups*

Bringing People Together (14 items)

"This initiative has forced communities to come together to face issues and realize or own that there is a common problem. It has forced them to quit blaming and face up. When you face it as a collaborative group, you can't deny it and you learn that it is not just a single agency's failings that has caused this issue to occur. It is a community -wide problem that can only be solved community wide. This includes parents and other community members."

FIA Local Office Director

Respondents perceived SF/SC as effective and having positive impact in bringing stakeholders together to collectively plan and implement community changes. Seventy-three percent or more of respondents rated SF/SC effective in bringing people together on 12 of the 14 items in this category.

This category can be further subdivided into subcategories. The average ratings of effectiveness and positive impact for the subcategories can be seen in Figure 6. Three of the four subcategory's

Involving Stakeholders 69%

Networks & Linkages 88%

Conflict Resolution 82%

Effective Communication 84%

Bringing People Together
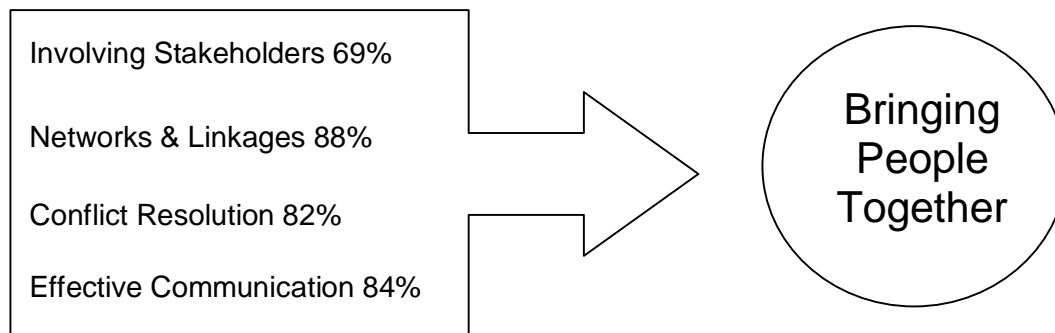
Figure 6. Average percentage rating the effectiveness of SF/SC in bringing people together.

average rating was 82% to 88%. Two of the four items in the Involving Stakeholders subcategory, i.e., orienting new members (55%) and involving consumers (51%), were rated lower than any of the others. The items included in each subcategory are summarized below:

- Involving Stakeholders -- Key stakeholders are meeting and actively involved
- Networks and Linkages -- Effective networks and organizational linkages are being developed or enhanced that are expected to make a difference for children and families
- Conflict Resolution -- FCC members are able to resolve conflict and facilitate compromise
- Effective Communication -- Communication skills are effective in respectfully soliciting and incorporating diverse views in a trusting environment

Strategic Planning (10 items)

"The one thing that really made a difference for our collaborative group was establishing a vision and shared values."   *SF/SC Member from Community Mental Health*
"The funding has allowed our community to look at needs and plan around meeting those needs. It has been a Godsend."   *SF/SC member from Community Foundation*

The survey responses on items related to strategic planning were consistently high. At least 73% of respondents rated SF/SC as effective and having a positive impact.

The subcategories in Strategic Planning fit into a quality improvement cycle[4] (Figure 7). In the first phase, changes are planned which are expected to improve services and service delivery systems. In the "doing phase," the programs, services, or activities are implemented. The results are then studied to reflect on progress and review obstacles, i.e., determine what has been learned. In the "acting phase", the changes are adopted, abandoned, or tried again with changes expected to improve results. The cycle then begins again.

The analysis of the "Strategic Planning" subcategory items following content and average percentages:

- Plan -- more systematically and comprehensively (e.g., assessing needs, setting goals, etc.) to achieve a and clear mission for children and families in the community (79% average for all items in the subcategory)
- Do -- conducting productive meetings and carrying out actions (87% average)
- Check – assuring progress and results by reviewing, evaluating (77%
- average)
- Act -- using results to communicate success, determine priorities, and allocate resources (76% average)
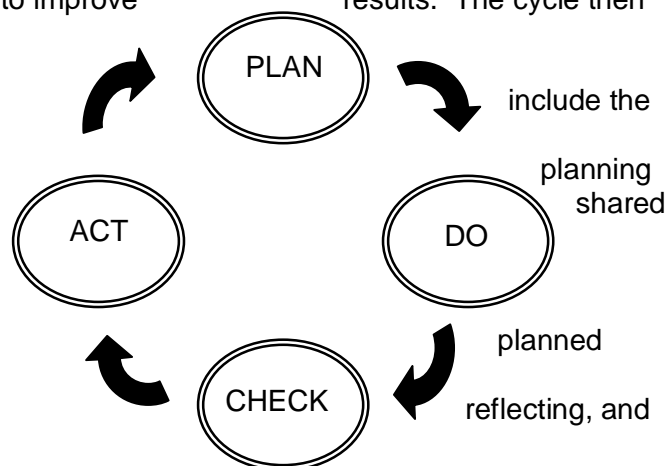
Figure 7. Quality Improvement

include the

planning
shared

planned

reflecting, and

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4 Scholtes, Peter, "The Team Handbook: How to Use Teams to Improve Quality," 1988.

Resources (Eight items)

"When more organizations are able to examine budgets of programs, there are questions like: Are you getting results? Why are you spending money on something if you don't get participants? And there are plenty of people at the table to help problem solve through these issues." SF/SC Member from Cooperative Extension
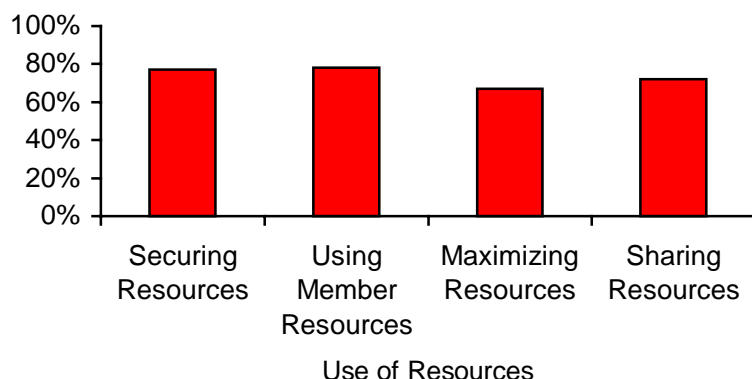
Respondents rated SF/SC helpfulness to communities in securing, using, maximizing, and sharing resources (Figure 8). From 67% to 78% of respondents rated SF/SC positively in these areas.

Respondents also rated the positive impact of SF/SC on increasing community funding, providing capacity to sustain efforts, and influencing local budget and financing decisions (Figure 9). Thirty-eight percent of respondents rated SF/SC as making funding more stable. In the year prior to the SF/SC survey, there were changes in state allocation/appropriation practices that reduced and then reinstated funding to sites.

Figure 8. *Percentage reporting effectiveness of SF/SC on the use of resources.*

It is likely that these changes are the cause of the low effectiveness rating on the stability of funding.
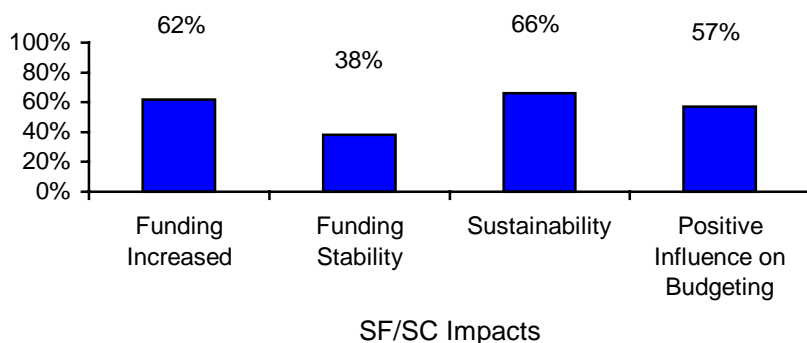
Impact on Services (Nine Items)

"One example of cutting back on duplication: several vendors had been providing parenting classes in our communities. When we found our curriculum, funded it under SF/SC, and evaluated its success and popularity in the community, the other classes were stopped. Now we have one curriculum, vendor and focus to that effort." FCC Co-Chair

Figure 10 illustrates respondents' perceptions on items about how SF/SC improved services for children and families in the following ways:

- Services are more family friendly
- New services have been created
- More services are available
- Services are more accessible
- Underserved groups have increased their use of services
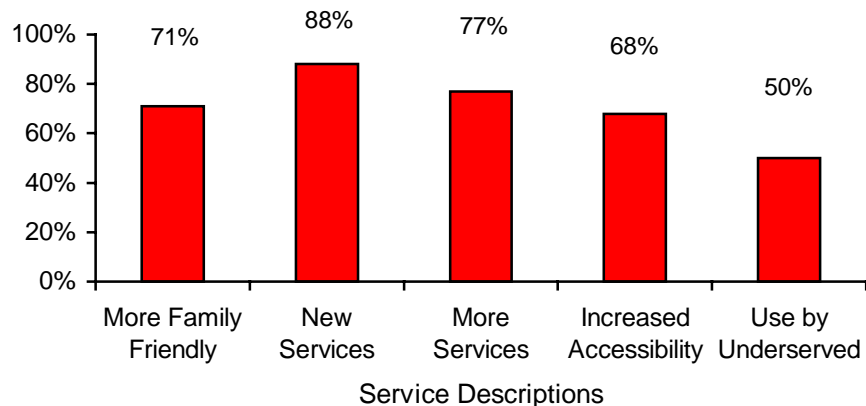
Figure 10. Percentage of respondents rating impact of SF/SC on services for children and families.

The survey also asked about the SF/SC impact on the service delivery system. Figure 11 presents the following results on items about the impact on the service delivery system:

- Services have improved (80%)
- Service delivery system has been redesigned (49%)
- Services are more efficient   (56%)
- Services are less duplicative   (62%)
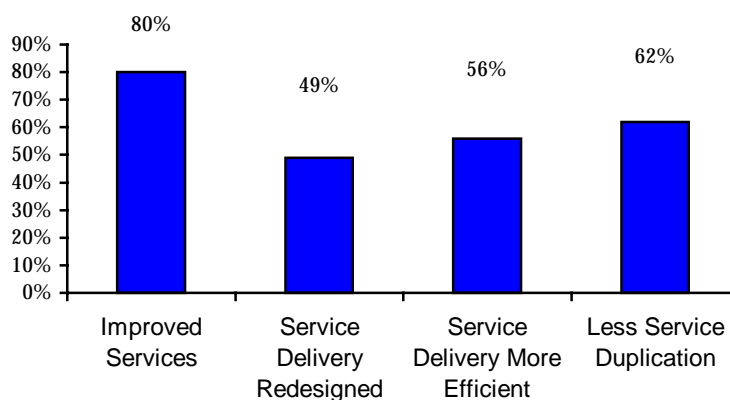
Figure 11. Percentage of respondents rating SF/SC effectiveness in impacting on service

State/Local Interactions (5 Items)

"You get plan approval and the contract process takes too long and the guidelines change in midstream."
SF/SC Member from the Circuit Court

Fifty- eight percent (58%) rated SF/SC effective in sharing information related to implementing SF/SC programs (Figure 12). Less than 50% of the respondents rated the following items effective:
- Translating local plans into contracts/agreements
- Processing contracts in a timely manner
- Recognizing local achievements
- Resolving barriers to implementing local plans
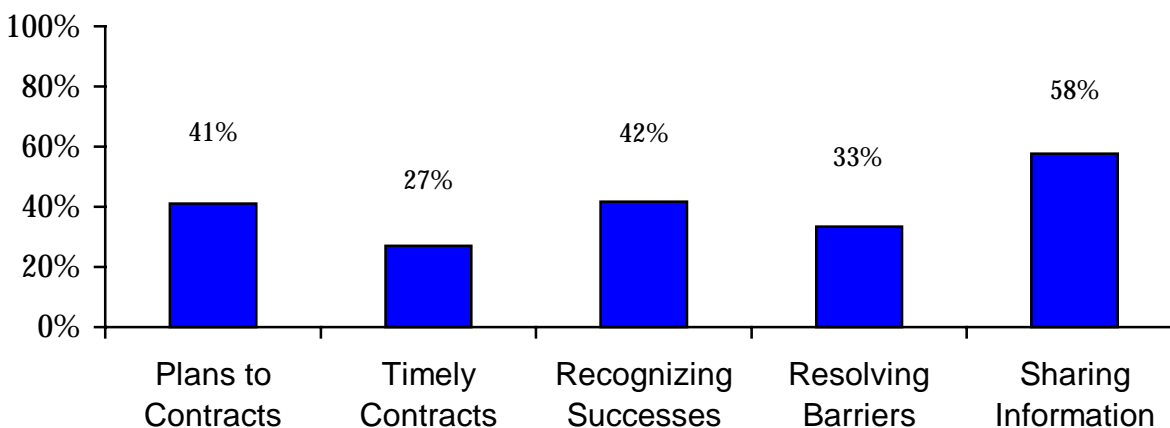
Figure 12. Percentage rating effectiveness of state and local interactions.

Benefit to Community (Five Items)

"The important thing about SF/SC isn't just the money. It is the opportunity to develop, maintain, and be held accountable for the lives of children and families at the community level." ***County Commissioner***
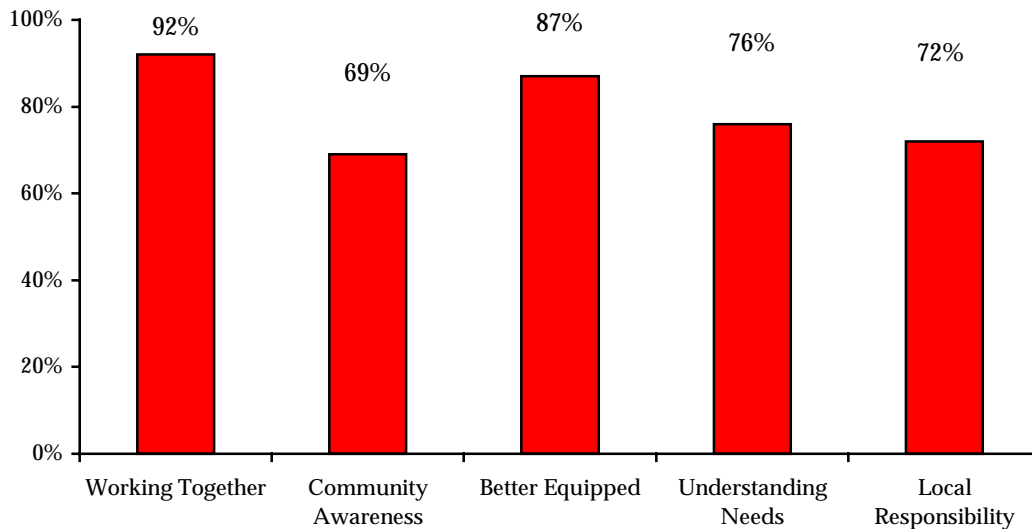
Figure 13. Percentage reporting positive impact of SF/SC on the community.

The "Benefit to Community" items (Figure 13) asked respondents to rate SF/SC effectiveness in promoting community efforts to work together on child and family issues (92%). Respondents believe they are better equipped to work collectively on child and family issues (87%). They believe the community has greater awareness of child and family issues (69%) and has greater understanding of child and family needs (76%). Respondents believed SF/SC promoted local responsibility for children and families (72%). Over 90% of respondents rate SF/SC as having great, moderate or some effect on every item in this category.

OUTCOME EVALUATION

The SF/SC outcome evaluation tracks changes in the required outcomes listed below:
- Reduce the number of out-of-home placements
- Reduce the number of repeat placements
- Reduce the length of stay in placements
- Increase in adoption placements
- Increase in the number of childhood immunizations
- Increase community based services to seniors or other relatives acting as primary caregivers to children under the age of 18

State-Required Outcome: Reduce the Number of Out-of-home Placements
To effectively monitor all out-of-home placements in a community, the SF/SC evaluation tracks placements funded by each of three systems: the Family Independence Agency, Family Court, and Community Mental Health (CMH)[6]. The SF/SC evaluation also tracks the number of placements paid for by funds from more than one agency (multi-pay).

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[6] Out-of-home placements include: FIA placements for child abuse and neglect and for delinquency; Community Mental Health placements for children with serious emotional disturbance or with developmental disabilities; and, court placements for delinquents supervised by the court who have been removed from parental custody.

The SF/SC Evaluation Workgroup identified the Family Independence Agency Management Information Report (MIR) as the only existing automated system for collecting out-of-home placement data. The MIR provides "snapshot in time" data on out-of-home placements, e.g., the number of placements tracked is the number of children in placement on the last day of each quarter of the year. The MIR was used as a model to collect data from other systems.

County-based collaboratives are required to collect CMH, Family Court, and multi-pay data locally. Where no automated data system exists at the local level, out-of-home placements must be hand counted by each system.

Missing Data
Of the 79 sites, 36 have submitted 100% of the data on out-of-home placements, the number of repeat placements, and the length of stay in placements. Seventy percent of all sites have a data submission rate of 90% or higher[6]. Since FIA data are available through the MIR, any missing data are for Community Mental Health, court, and multi-pay placements.

Some sites reported difficulty in collecting local data. Five sites stated that courts either would not provide out-of-home data or did not have it readily available. Others reported that the local collaborative had not established interagency protocols or procedures for collecting evaluation data.

Prior to analyzing changes in outcomes, the evaluators closely examined sites with missing data to determine if they could be included in the data analysis without sacrificing accurate conclusions. For most sites, only a small percentage of placements are funded by Community Mental Health, the court, or multi-pay agreements and missing data from these systems have minimal influence on the analysis.

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[6] The percentage of data submitted was determined by dividing the total data collection points for which data were submitted by the total possible data points.

Number and Rate of Out-of-Home Placements

Figure 14 displays the number of total out-of-home placements in the state from September 1996 (the first quarter for which SF/SC has data from all three phases) to September 1999. The number of out-of-home placements has remained relatively stable during this time period.
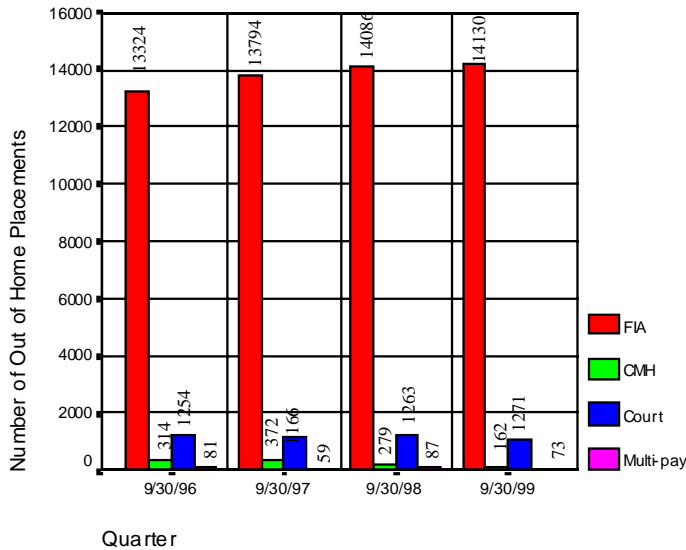
Figure 14. Statewide number of out-of-home placements by funding source.

The Family Independence Agency has the largest number of placements followed by the courts. Community Mental Health placements are much fewer and multi-pay placements are even less frequent across the sites. Only 27 sites report multi-pay placements. (See Appendix F for actual numbers of out of home placements for each system and multi-pay.)

Because of differences in population size, the number of out-of-home placements varies widely across sites. In order to make comparisons across sites, the rate of total out-of-home placements per 1,000 children was computed for each site and the state as a whole. Analyses were completed using these rates.

Rate of Out of Home Placements per 1000 Children
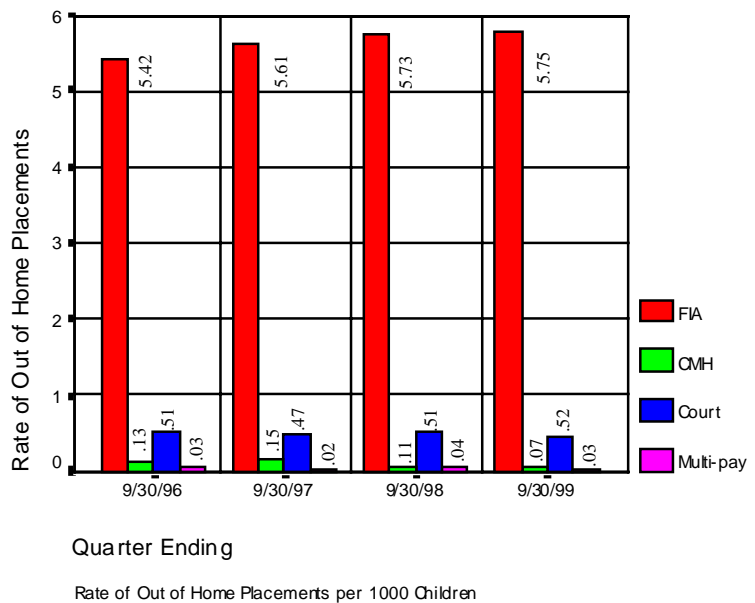
Figure 15. Statewide rate of out-of-home placements per 1000 children.

Figure15 displays the rate of out-of-home placements per 1000 youth in the state. The combined rate of out-of-home placements for the state varies slightly around six per 1000 children. These rates have remained stable over time, as have the rates of out-of-home placements for each system and for multi-pay placements.

The rate of out-of-home placements was computed and graphed for each SF/SC county-based collaborative. For most sites, the rates of placements by funding source mirror those in the state graph above. The largest variation across sites is in the range of court placements. In some sites the court funds no placements. In others, the court funds placements at a higher rate than appears in the state graph. For all sites, the Family Independence Agency funds the most out-of-home placements.

The first quarter of SF/SC data collection was used as a baseline for each site. The rate of out-of-home placements ranges from 0 to 13.5 at baseline. Sites were grouped by Below Midpoint (<=4), Midpoint (>4-8), and Above Midpoint (>8) rates of out-of-home placements. Table 5 shows the number of sites with Below Midpoint, Midpoint, and Above Midpoint rates of out-of-home placements at baseline and the quarter ending 9/30/99 and illustrates the following points:
- Twenty-five (25) sites had Below Midpoint rates of out-of-home placements
- Twenty-seven (27) sites had Midpoint rates
- Four (4) sites had Above Midpoint rates of placements at both data points
- The number of sites with Below Midpoint rates of out-of-home placements decreased from 36 to 29
- The number with Above Midpoint rates of out-of-home placements increased from six (6) to 15 over the time of data collection

Table 5. Number of Sites with Below Midpoint, Midpoint, and Above Midpoint Rates of Out-of-home Placements at Baseline and the Quarter Ending 9/30/99

Placement Rate for Quarter Ending 9/30/99	Placement Rate for Baseline			
	Below Midpoint 0-4	Midpoint >4-8	Above Midpoint >8	Total
Below Midpoint 0-4	25	4	0	29
Midpoint >4-8	8	27	2	37
Above Midpoint >8	3	7	4	15
Total	36	38	6	80[7]

Below Midpoint, Midpoint and Above Midpoint rates of placement at baseline and for the quarter ending 9/30/99 were mapped for each site in order to determine if there were geographic patterns in the data (Figure 16). No meaningful geographic patterns were identified.

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[7] One multi-county site submitted data separately for each county for a total of 80.

Figure 16. Rate of out of home placements.

Trend Analysis

The data were analyzed for trends over time. Four patterns were identified:

1. Flat trend – the trend for 58 sites and for the state as a whole is flat. This indicates that the rate varies randomly around a mean level and that there has not been a systematic increase or decrease in the rate of out-of-home placements.
2. Decreasing trend – for three (3) sites the rate of out-of-home placements is decreasing over time.
3. Increasing trend – for six (6) sites the rate of out-of-home placements is increasing over time.
4. U-shaped trend – for four (4) sites the trend is initially decreasing, reaches a low point and then increases again; and for three (3) sites the trend is initially increasing, reaches a high point, and then decreases again.

Caution should be used in interpreting these trends. Time series trends are not considered stable until at least 50 points are present. In these analyses a maximum of 20 points were available. Where the trends are consistently increasing or decreasing, it is likely that they represent actual changes in out-of-home placements. U -shaped trends may represent random changes rather than real systematic changes in out-of-home placements.

Table 6 shows the number of sites with each type of trend by Below Midpoint, Midpoint, and Above Midpoint rates of out-of-home placements at baseline. The cells highlighted with yellow show results that decrease or maintain out-of-home placements:

- Thirty (30) sites with Below Midpoint rates of placement at baseline had a flat trend
- Three (3) sites had a decreasing trend

Cells highlighted in blue indicate results that increase out-of-home placements or maintain Above Midpoint out-of-home rates:

Six (6) sites had an increasing trend.

Three (3) sites with an Above Midpoint rate at baseline had a flat trend.

Thirty (30) sites maintained a Midpoint rate at baseline and a flat trend.

Table 6. Number of Sites with Flat, Decreasing, Increasing and U-shaped Trends by Below Midpoint, Midpoint, and Above Midpoint Rates of Placement at Baseline

	Flat Trend	Decreasing Trend	Increasing Trend	U-Shaped Trend	Total	
Rate of Out-of-home Placements at Baseline						Maintained low or decreased
Below Midpoint	30	1	3	2	36	
Midpoint	30	1	3	4	38	Maintained above or increased
Above Midpoint	3	1	0	2	6	
Total	63	3	6	8	80[8]	

Discussion

Statewide, the rate in out-of-home placements since 1995 has been flat indicating no increases in out-home-placements. A total of 33 sites (41%) maintained Below Midpoint or decreasing out-of-home placement rates, while nine (11%) maintained Above Midpoint or increasing out-of-home placement rates.

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[8] One multi-county site submitted data separately for each county for a total of 80.

State-Required Outcome: Reduce the Number of Repeat Placements

The SF/SC evaluation tracks the number of children in repeat placements on the last day of the quarter. A repeat placement is defined as a child who has been in placement, has returned home, and is now in placement again.

Sites provide the number of Community Mental Health, court, and multi-pay repeat placements. FIA added repeat placement data to the MIR so that it would be easily accessible. FIA data on repeat placements were first available as of 9/30/98 and this is the quarter used as the baseline.

Data Analysis

Because there are only five (5) data collection points available for repeat placements (9/98, 12/98, 3/99, 6/99, and 9/99), it was not possible to complete a trend analysis for this outcome. The percentage of out-of-home placements that are repeat placements was computed for each quarter to allow for comparisons across sites. The data were graphed for the state as a whole and for each site. A comparison of the percentage of placements that are repeat placements was made from the baseline to the quarter ending 9/30/99.

Figure 17 illustrates the change in the percentage of children in repeat placements for the State of Michigan from the baseline to the quarter ending 9/30/99. The percentage decreases slightly each quarter from approximately 24% in September 1998 to approximately 21% in September 1999. It appears that the percentage of repeat placements is decreasing, although it is not possible to make generalizations based on only five quarters of data.
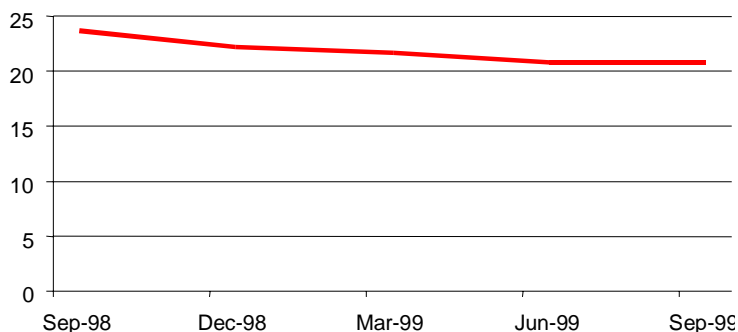
Figure 17. Percentage of repeat placements for the State of Michigan

Site data provide additional evidence that repeat placements may be decreasing. Sites were grouped by Below Midpoint (<=10%), Midpoint (>10-30%), and Above Midpoint (>30%) levels of repeat placements (Table 7). The number of sites with Above Midpoint repeat placements decreased from 23 in September 1998 to 13 in September 1999.

Table 7. Number of Sites with Below Midpoint, At Midpoint, and Over Midpoint Repeat Placements for the Quarters Ending 9/30/98 and 9/30/99

Percentage of Repeat Placements for Quarter Ending 9/30/99	Percentage of Repeat Placements for Baseline (9/30/98)			
	Below Midpoint (0-10%)	At Midpoint (>10-30%)	Above Midpoint (>30%)	Total
Below Midpoint (0-10%)	4	5	1	10
Midpoint (>10-30%)	7	38	12	58
Above Midpoint (>30%)	0	3	10	13
Total	11	46	23	80[9]

Four sites have Below Midpoint levels of repeat placements at both data points. In 10 sites, more than 30% of children in placement are repeat placements at both data points.

Maps were created to look for patterns in levels of repeat placements based on geographic region (Figure 18, page 24). It appears that the percent of repeat placements is related to geographic region as six (6) of the 10 sites with Above Midpoint rates of repeat placements at both baseline and 9/30/99 are in the Upper Peninsula.

Discussion
The percent of out-of-home placements that are repeat placements appears to be decreasing. Of the sites that have continuing Above Midpoint rates of repeat placements, more are in the Upper Peninsula than other parts of the state. Fifty-seven percent (57%) of Upper Peninsula sites had Above Midpoint rates of repeat placements at baseline and 50% had Above Midpoint rates for the quarter ending 9/30/99.

State-Required Outcome: Reduce Length of Stay in Out-of-home Placements
Gathering length of stay data as a required outcome allows SF/SC to focus on the length of time children are in out-of-home placements and to focus on children who have been in placement for long periods of time. The SF/SC Evaluation Workgroup defined length of stay as "the number of children in out-of-home placement on the last day of the quarter who had been in out-of-home placement for under 12 months, 12 to 24 months, and more than 24 months."

The sites provide the number of Community Mental Health, court, and multi-pay repeat placements. Length of stay data were first added to the FIA Management Information Report as of 9/30/98 and this is the quarter used as the baseline.

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[9] One multi-county site submitted data separately for each county for a total of 80.

Figure 18. Rates of out–of-home placements that are repeat placements.

Data Analysis

Because there are complete length of stay data for only five (5) quarters, a trend analysis was not done. The percent of children in out of placement for less than 12 months, 12-24 months, and longer than 24 months was computed for the state as a whole and for each site. The data was graphed and examined for evidence of change over time. The State percentages are shown in Figure 19.
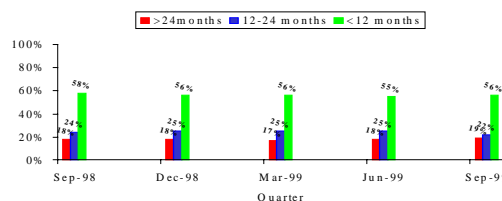
Figure 19. Percentage of children in out-of-home placements for < 12 months, 12-24 months, & >24 months for the state.

Most children in placement (50-60%) are there for less than 12 months. Between 20 - 30% of children are in placement for 12-24 months and just under 20% of children remain in placement for longer than 24 months. Each of these percentages appears to be stable over the five (5) quarters of data available. Length of stay data was examined for each site to learn more about the patterns across sites. In general, site level data reflect state level data.

In order to focus on children in placement longer than 24 months, sites were grouped by percentage of children in placement longer than 24 months (Table 8). There are seven (7) sites that had more than 30% of children in placement for longer than 24 months at both data points. Eight (8) sites had 10% or fewer children in placement for longer than 24 months at both data points.

Table 8. Number of Sites with Below Midpoint, At Midpoint, and Above Midpoint Rates of Out-of-home Placements Longer than 24 Months for the Quarters Ending 9/30/98 and 9/30/99

Percentage of Children in Placements Longer than 24 months for Quarter Ending 9/30/99	Percentage of Children in Placement for Longer than 24 Months at Baseline (9/30/98)			
	Below Midpoint (0-10%)	At Midpoint (>10-30%)	Above Midpoint (>30%)	Total
Below Midpoint (0-10%)	8	4	1	13
At Midpoint (>10-30%)	5	48	5	58
Above Midpoint (>30%)	2	0	7	9
Total	15	52	13	80[10]

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[10] One multi-county site submitted data separately for each county for a total of 80.

9/30/98

9/30/99
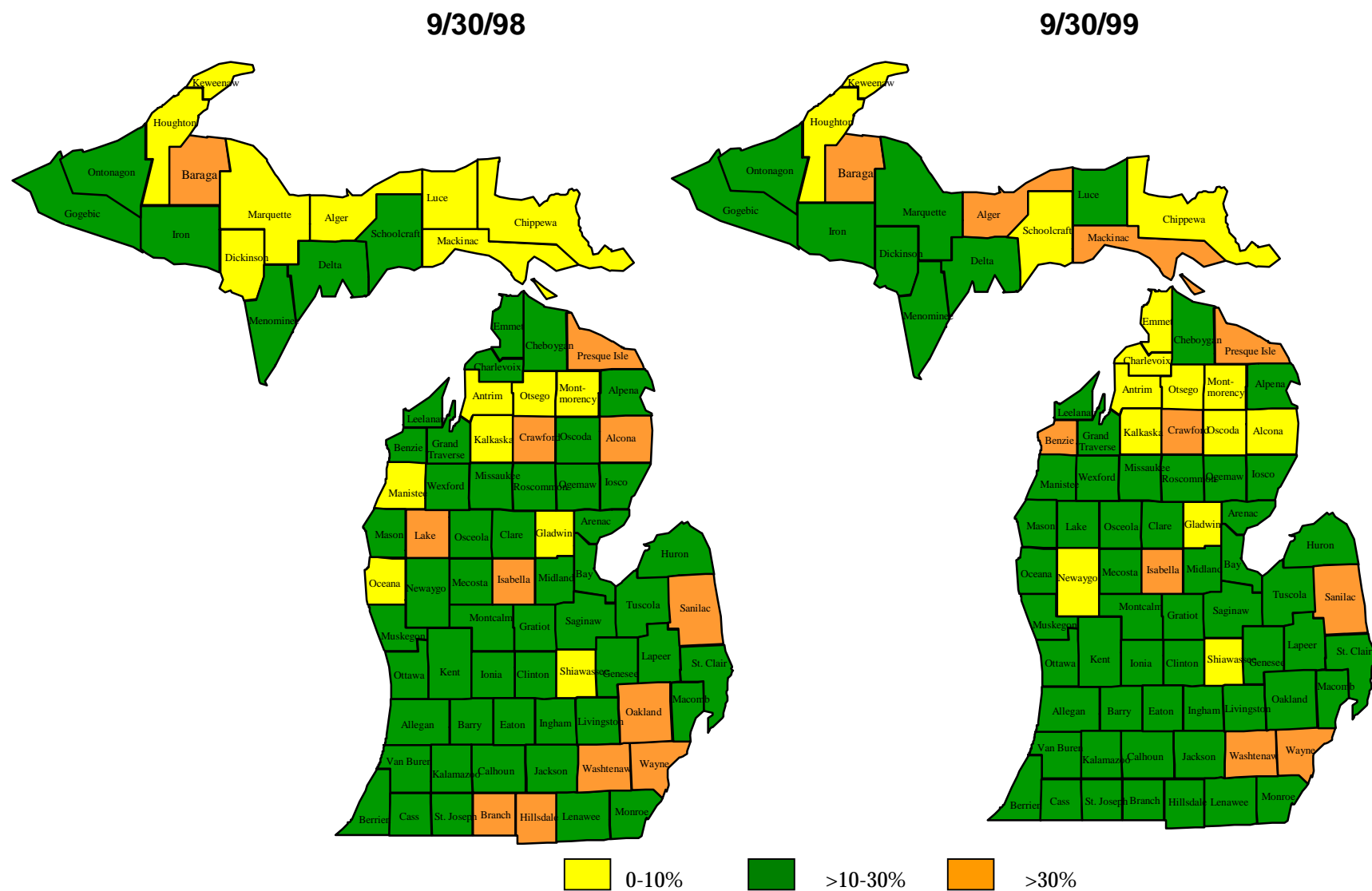
Figure 20.   *Rates of children in out-of-home placement for longer than 24 months.*

Maps were created to provide a means to easily view this information and to explore the data for geographic patterns (Figure 20). Most of the sites with Below Midpoint rates of children in placement for over 24 months are in the northern part of the Lower Peninsula and in the Upper Peninsula for both baseline (80%) and the quarter ending 9/30/99 (77%).

Discussion

There is little change in the percent of children in out-of-home placements for <12 months, 12-24 months and over 24 months over the five quarters of data for the state as a whole or for individual sites. Statewide,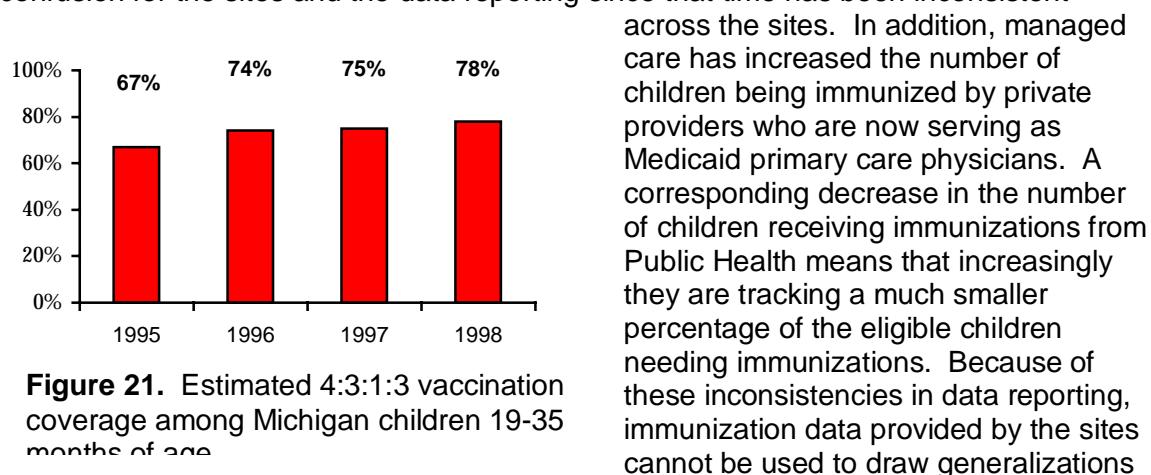 slightly over 40% of children are in placement 12 months or longer and almost 20% of children in placement remain there for longer than two (2) years. There appears to be a relationship between Below Midpoint rates of placements for longer than 24 months and geographic location, as a large majority of the sites with Below Midpoint rates are in the northern Lower Peninsula or the Upper Peninsula.

State-Required Outcome: Increase the Number of Childhood Immunizations

In the mid-nineties, Michigan immunization rates for children between 19-35 months of age were among the lowest in the nation. To address this serious health issue, a major initiative, including a comprehensive public education campaign, was launched and has resulted in major increases in immunization rates for young children. In order to track change in the percentage of children who are fully immunized, sites were asked to report the following for 19-35 month-old children: the number of child records reviewed and the percentage of those children that are fully immunized. Because immunization records of private providers were not available, only records of the local Public Health Departments were included.

In September 1995, a child was fully immunized when he/she had received 4 DTP, 3 polio, 1MMR, and 3 Hib. In 1997 an additional series of immunizations (3 Hepatitis B) were required in order for a child to be fully immunized. At that time, sites were asked to begin reporting immunization data on the series 4:3:1:3:3. This change caused confusion for the sites and the data reporting since that time has been inconsistent across the sites. In addition, managed care has increased the number of children being immunized by private providers who are now serving as Medicaid primary care physicians. A corresponding decrease in the number of children receiving immunizations from Public Health means that increasingly they are tracking a much smaller percentage of the eligible children needing immunizations. Because of these inconsistencies in data reporting, immunization data provided by the sites cannot be used to draw generalizations

Figure 21. Estimated 4:3:1:3 vaccination coverage among Michigan children 19-35 months of age.

about changes in statewide immunization rates or differences in immunization rates across sites at this time.

To aid in analyzing the changes on this state-required outcome, the Michigan Department of Community Health provided estimated statewide immunization data for this report. The percentage of children aged 19-35 months who are fully immunized has increased each year from 1995 through 1998 (Figure 21).

A statewide, automated database for immunizations, the Michigan Childhood Immunization Registry (MCIR), now exists. This database includes immunizations given by local public health departments and those given by private providers. At this time, the percentage of private providers using the MCIR is low, but increasing. Beginning with the quarter ending June 2000, sites were required to submit immunization information on eligible children served by Public Health and private providers using the MCIR. This change will allow the SF/SC evaluation to collect and analyze information on the majority of eligible children thus allowing state and site level analysis of immunizations.

Discussion

Based on statewide estimations of immunization rates, efforts seem to be effective in increasing immunization rates for children 19-35 months of age. Analyses across sites will be completed when additional MCIR data are available.
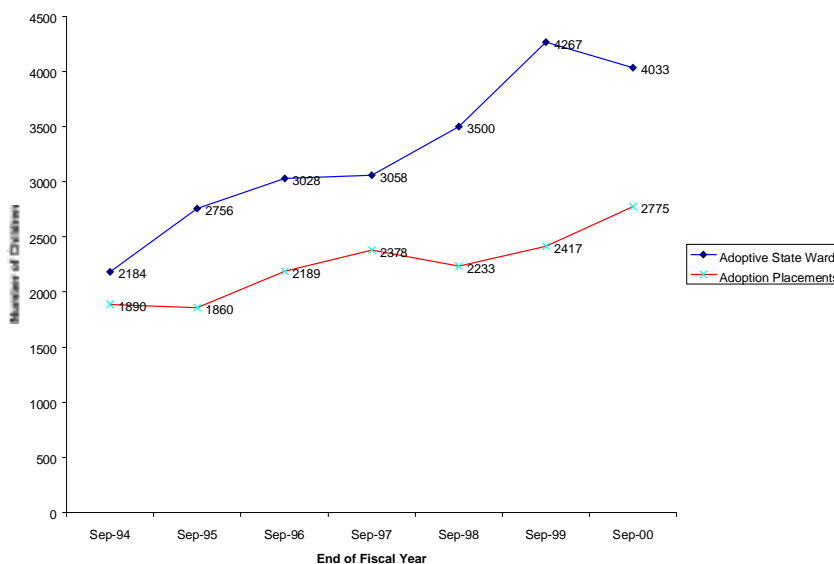
Figure 22. Number of adoption placements and number of permanent wards in the last day of the fiscal year.

State-Required Outcome: Increase Adoption Placements
The number of children placed for adoption by the Family Independence Agency each quarter is available through the Central FIA Adoption Program Office, through a hand count provided by the local FIA offices. The number of adoption placements has little meaning without knowing the number of children available for adoption. For this report, the number of permanent wards on the last day of the fiscal year was used as a proxy for the number of children available for adoption.

Data Analysis

The number of permanent wards and the number of adoption placements for the State of Michigan were graphed for each fiscal year from September 1994 through September 2000. Both the number of permanent wards and adoption placements are increasing (Figure 22).

Discussion

Recent legislation at both the state and federal levels established shorter timelines for terminating parental rights. Act 163 of the Public Acts of 1997, Section 19(a), requires a permanency hearing for any child who has been in foster care 364 days and is still a temporary ward. At that hearing, the court must either order the children returned to the parent or initiate proceeding to terminate parental rights. The Federal Adoption and Safe Families Act, which reauthorized the funds for Strong Families/Safe Children in November 1997, prescribes funding for a time-limited reunification plan of 15 months. Both lead to children reaching permanent ward status more quickly. This requires a corresponding increase in adoptions to keep the number of permanent wards at previous levels.

State-Required Outcome: Increase Community-Based Services to Seniors or Other Relatives Acting as Primary Caregivers to Children under the Age of 18

The SF/SC evaluation requires that sites track the number of kinship caregivers participating in SF/SC services. Kinship caregiver is defined as a relative other than a parent who is acting as a primary caregiver to a child under the age of 18. In order to provide relevant data to the Office of Services to the Aging, a collaborative partner in SF/SC, data on kinship caregivers are provided for two age groups; those under 60 years, and those 60 years or older.

Thirty-three sites have consistently reported kinship caregiver data. Figure 23 shows that for these sites the total number of kinship caregivers participating in SF/SC services has continued to increase over time and that the number of participants is approaching 1000 (approximately 200 caregivers ages 60 and over and almost 750 under age 60). The number of participating caregivers under age 60 continues to increase while the number age 60 or older increased through March 1998 and has since stabilized.

The evaluation requires that sites submit this information for <u>every program that is being</u>
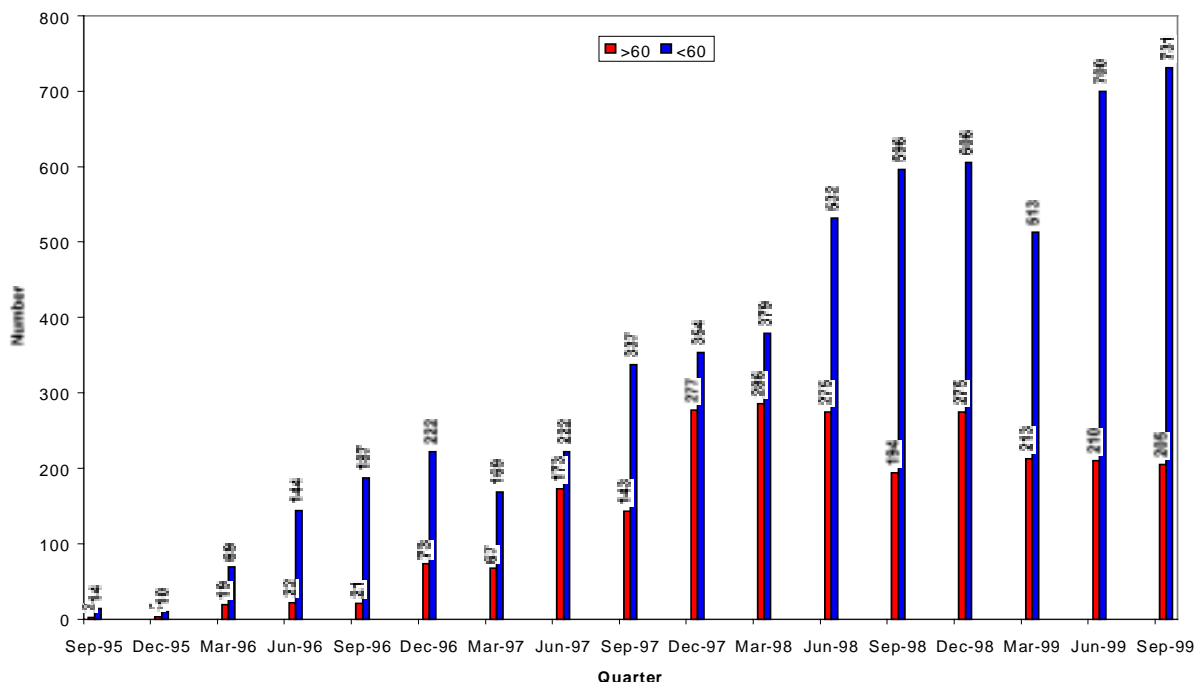
funded by the SF/SC initiative. Although this issue has been addressed through training and technical assistance, many sites continue to report participant data only for services explicitly designed for kinship caregivers. Sites also report difficulty in developing systems to routinely capture these data from all agencies. Thus, kinship caregivers participating in SF/SC services are undercounted.

Discussion

Requiring sites to report on the number of kinship caregivers participating in services focused their attention on this issue. Thirty-three sites report that they are providing services to kinship caregivers. The number of kinship caregivers participating in SF/SC services continues to increase.

SUMMARY

SF/SC was a major catalyst to collaborative planning and service delivery across Michigan and sites perceive it as having great benefit to communities. Many new services were created, and others were enhanced or expanded with SF/SC funds. It has impacted the planning process, service delivery systems, and outcomes for children and families.

Impact on Planning
- Sites report success in bringing together major stakeholders to plan, implement, and evaluate service delivery.
- The SF/SC process is perceived as effective in soliciting diverse opinions, communicating the interests and views of all, and having them heard.
- FCC members report that organizations are working together more effectively using new and improved networks and relationships.
- Sites have been successful in integrating SF/SC funds with other funds -- According to community self-reports, close to $22 million in Fiscal Year 1998 was expended on service delivery; approximately 41% of the funds were from non-SF/SC funding sources.

Impact on Services
- SF/SC supports a wide range of services.
- The majority of the sites spent over half of their FY95 – FY98 SF/SC funds on creating, expanding, or enhancing family support services, which they report is a great local need.
- The number of children and families participating in SF/SC funded services increased each year from 3,816 served in 1995 to 19, 832 served in 1998 (duplicated count).
- FCC members report that duplication of services has decreased, services are improved, and new services have been created.
- FCC members believe services are more accessible, available, and family friendly with under-served groups receiving more services.

Impact on State-Required Outcomes
Out-of-home placements
- Out-of home placements across the state are stable.
- Thirty (30) sites maintained a Below Midpoint rate of out-of-home placements.
- Three (3) sites had a decreasing trend in out-of-home placements.
- Three (3) sites retained an Above Midpoint rate of placements.
- Six (6) sites had an increasing trend for out-of-home placements.

Repeat Placements
- Repeat placements appear to be dropping for the state as a whole.
- A large proportion of sites with Above Midpoint rates of repeat placements is in the Upper Peninsula.

Length of Stay in Placement
- The percentages of children in placement for less than 12 months (50-60%), 12-24 months (20-30%), and longer than 24 months (less than 20%) appear to be stable over the five quarters of available data.
- A large percentage of sites with Below Midpoint rates of children in placement for longer than 24 months are in the northern part of the Lower Peninsula and the Upper Peninsula.

Immunizations for children 19-35 months
- The percentage of children aged 19-35 months who are fully immunized has increased each year from 1995 through 1998.

Adoption Placements
- Adoption placements have increased statewide.

Services for Kinship Caregivers
- The total number of kinship caregivers participating in SF/SC services has continued to increase over time.
- The majority of kinship caregivers participating in SF/SC services are less than 60 years of age.

RECOMMENDATIONS

Planning
- In depth analyses of selected sites should be completed to determine:
- If SF/SC plans reflect the service needs of the community as indicated by required outcome data
  - **..** If level of expenditure per service category reflects the service needs of the community as indicated by required outcome data
  - **..** If additional technical assistance on strategic planning and self-evaluation are needed

- Site specific summaries should be created for each site that:
  - .. Include graphs of site specific required outcomes and state comparisons
  - .. Analyze current SF/SC service plans from sites with increasing or continuing Above Midpoint rates of placements to determine if services address this issue
  - .. Are shared with sites on a regular basis to assist sites in evaluation and planning
  - .. Provide technical assistance in modifying the local plan to provide more focus on out-of-home placements should be made available if appropriate
- Ongoing changes may be needed in the following areas:
  - .. Increasing collaborative leadership
  - .. Resolving state and local barriers to improved collaboration

Service Delivery
- Two service delivery models, family resource centers and support to kinship caregivers, have emerged from the SF/SC initiative during Fiscal Years 1995 - 1998: specific evaluation of these services would assist in understanding their effectiveness in improving outcomes for children and families.
- SF/SC family preservation and family support principles includes a family-focused and culturally respectful approach to service delivery. A goal of SF/SC was to build a continuum of services to be more responsive in this manner. Conducting focus groups with children and families would help determine whether this has happened.
- Analysis of the reported progress on local service outcomes would be helpful in determining local collaboratives' ability to conduct evaluation and measure initiative success.

State-Required Outcomes
- Some sites are very successful in reducing or maintaining a Below Midpoint rate of out-of-home placements, repeat placements and length of stay in placement -- an analysis of local service delivery systems could help identify the reasons for Below Midpoint or Above Midpoint rates and the information used to assist sites to develop plans that would be more effective in reducing these rates.
- Further examination of the percentage of funds expended on service categories (family support, family preservation – placement prevention, and family preservation – reunification) and changes in required outcomes for individual counties would help in understanding the relationship between the two.